

P16000083435

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

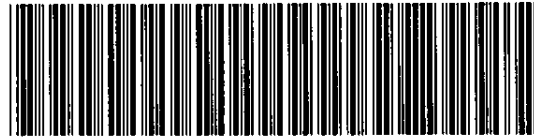
2016 OCT 17 PM 2:25

SECRETARY OF STATE
BELLHASSRE FLOOR

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N. SAMS

OCT 17 2016



700290989887

FILING CANCELLED
RETURNED CHECK

700290989887
10/18/15--01001--002 **140.00

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DEPT. OF STATE
16 OCT 17 PM 3:35

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: C & LL Solutions Inc 2
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: C & LL Solutions Inc. 2
Name (Printed or typed)

P.O. Box 61
Address

Tallahassee, Florida. 32302
City, State & Zip

850.508.2411
Daytime Telephone number

c@a candl solutions inc. com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

10.17.16

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RETURNED CHECK

I am the owner of
C&U Solutions Inc., and I
do not intent to reinstate



P15000085672

2016 OCT 17 PM 2:25
SECURITY DIVISION
ATLANTA OFFICE

EIN#: 371731708

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RETURNED CHECK

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

C & LL Solutions Inc. 2

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2608 Hemmingwood PL
Tallahassee, FL 32312

P.O. Box 61
Tallahassee, Florida 32302

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any lawful business

ARTICLE IV SHARES

The number of shares of stock is:

1

2016 OCT 17 PM 2:25
TALLAHASSEE, FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LaCora Handsford Name and Title:

Address Founder / CEO Address:

P.O. Box 61
Tallahassee, FL 32302

Name and Title: Christopher B. Levens Jr. Name and Title: LaCorey B. Levens

Address President Address: Vice President

P.O. Box 61
Tallahassee, FL 32302

P.O. Box 61
Tallahassee, FL 32302

Name and Title: Lewis B. Handsford Name and Title: Temberly I. Mitchell

Address Manager Address: Assistant Manager

P.O. Box 61
Tallahassee, FL 32302

P.O. Box 61
Tallahassee, FL 32302

**FILING CANCELLED
RETURNED CHECK**

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: LaCora Handsford
Address: P.O. Box 61
Tallahassee, FL 32302

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LaCora Handsford
Address: P.O. Box 61
Tallahassee, FL 32302

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TALLAHASSEE, FLORIDA

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

[Signature]
Required Signature/Registered Agent

10.17.16
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

[Signature]
Required Signature/Incorporator

10.17.16
Date